

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PT**

APPLICANT(S)

506941

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
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TOTAL IND.	6					
TOTAL DEP.	6					
TOTAL CLAIMS	12					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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